

## Down Payment Assistance

### WSDOT Relocation Entitlement Instructions

INSERT NAME OF LENDER OR TITLE CO.  
INSERT ADDRESS  
INSERT ADDRESS  
Attn: INSERT NAME  
Telephone No.: INSERT TELEPHONE NO.  
Fax No.: INSERT FAX NO.

#### *Agency Information*

*RE: INSERT DISPLACEE NAME*

*Project Title: INSERT PROJECT TITLE*

*Parcel No.: INSERT PARCEL NO.*

*Displacee No.: INSERT DISPLACEE  
NUMBER*

DATE: INSERT DATE

Escrow No.: INSERT ESCROW NO.

The Washington State Department of Transportation has determined that the undersigned is entitled to the sum of \$INSERT AMOUNT under the Relocation Assistance Program for the purchase of the property located at INSERT PROPERTY ADDRESS.

The state has advised that this amount will be placed in escrow within INSERT AMOUNT OF DAYS days after (or at the time) you receive this letter.

We mutually agree and instruct that the funds be handled as stated below:

1. The total sum of \$INSERT DOWN PAYMENT AMOUNT is to be applied toward the **down payment only** to reduce the amount of principal owed, unless otherwise instructed by WSDOT to cover certain eligible closing costs, **but NOT to be applied to prepaid taxes or insurance.**
2. Upon receiving this letter, please fax Good Faith Estimate or Estimated HUD (closing statement) to the WSDOT specialist listed.
3. Upon closing, please mail a copy of the certified Final HUD (closing statement) to:

Washington State Department of Transportation  
Attn: INSERT SPECIALIST'S NAME  
INSERT ADDRESS

Said closing statement must include, at a minimum:

- (1) Funds received from WSDOT
- (2) The closing date of the escrow
- (3) Endorsement by purchaser to the effect that the statement has been approved
- (4) **Certification by the closing officer that the statement is true and correct**

In the event that you are unable to perform as instructed herein prior to INSERT DATE, return all state funds, less your escrow cancellation charge, if any, with your letter of explanation to the state at the address shown above.

WASHINGTON STATE  
Department of Transportation

\_\_\_\_\_  
Relocation Specialist  
Telephone No.: INSERT PHONE NO.  
Fax No.: INSERT FAX NO.

\_\_\_\_\_  
Displaced Person(s)